

used the kit in their practices for 4 to 6 weeks. Family practice patients were also asked to assess the patient education materials given to them by their family physicians. Health Canada used results of this evaluation to make substantial modifications to the kit to

ensure that it was practical and user-friendly for family physicians and their patients.

"*The Healthy Heart Kit* is an excellent example of how disease prevention and health promotion can form an integrated approach to health care," said Minister Rock. "Health Canada has worked with four partners, representing the best expertise in Canada, to create a tool that will help Canadians maintain and improve their health."

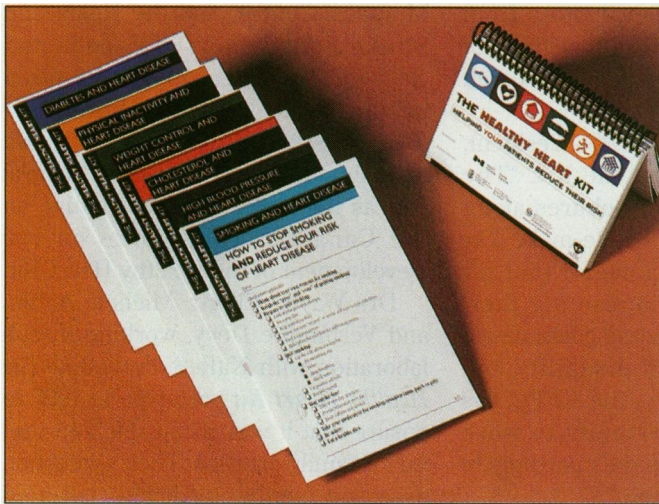
Designed specifically for primary care physicians to use with their adult patients with one or more modifiable risk factors for heart disease, *The Healthy Heart Kit*

has two components: the Physician's Guide, which provides tools needed by physicians to make treating CVD systematic, and patient information brochures on each of six CVD risk factors. The risk factors covered in the kit are smoking, hypertension, hypercholesterolemia, obesity and overweight, sedentary lifestyle, and diabetes. The kit promotes strategies for nonpharmacologic management of these risk factors.

Over the past 5 years, Health Canada has contributed \$725 900 toward development, evaluation, and production of *The Healthy Heart Kit*. This has funded production of the first 5000 kits, which is currently in progress. Health Canada is forming a committee, including representatives from the CFPC, to plan dissemination of *The Healthy Heart Kit* to Canadian primary care physicians.

—Ottawa, Ont

Ms Orr is National Research System Coordinator at the College of Family Physicians of Canada in Mississauga, Ont.



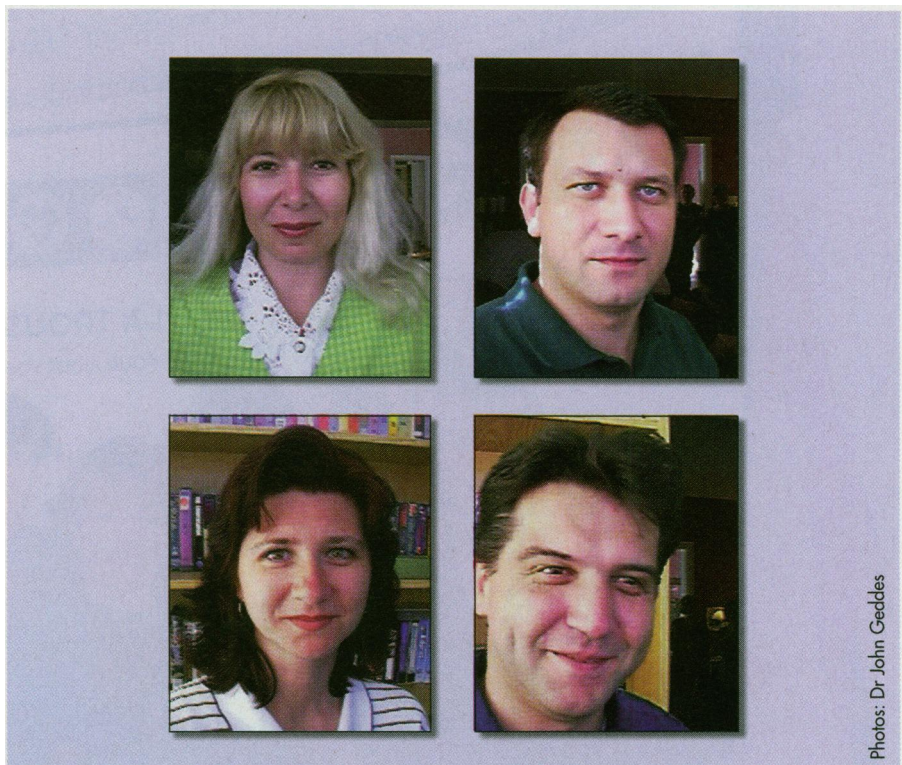
Helping patients reduce their risk: Patients with risk factors for cardiovascular disease can get simple, easily understood help for reducing their risk.

Family Medicine Development Project in Bosnia and Herzegovina

Marshall Godwin, MD, CCFP, FCFP

The Family Medicine Development Project in Bosnia and Herzegovina is an initiative funded by the Canadian International Development Agency (CIDA) that was sparked by a visit to Queen's University by the Dean of the Medical School in Sarajevo in 1995. He came specifically to encourage the Department of Family Medicine to look into the possibility of helping his country establish an effective primary care infrastructure based on the Canadian family medicine model.

Two years later, after much work and effort by Dr Geoffrey Hodgetts, Director of the project, and with the support of Dr Ruth Wilson, Head of Family



Core of family medicine: Drs Sėvala Karuđ, Zaim Jatić, Aida Ramić, and Emir Cengić are general practitioners in Sarajevo.

Photos: Dr John Geddes



Photos: Dr John Geddes

What are primary health care needs? *These physicians (from top left to bottom right) Dr Dragana Pelemiš, Dr Zinaida Bejdić, Dr Samira Herenda, Dr Samira Srabović, Dr Azijada Beganlić-Hrustić, Dr Ajša Tulumović, Dr Mevludin Hasanović, and Dr Muharem Zildzić are faculty and residents from Tuzla.*

Medicine at Queen's, and Dr Barry Smith, Dean of the Faculty of Health Sciences, the project became a reality. The initial CIDA grant of \$2.8 million was later expanded to a total of \$4.7 million.

The project involves establishing family medicine teaching centres in each of the four medical schools in Bosnia and Herzegovina: Sarajevo, Tuzla, Mostar, and Banja Luka. But it is not limited to this task. No effective primary care infrastructure currently exists in the country. The project will introduce family medicine into undergraduate curricula, create departments of family medicine in each of the four medical schools, help with the process of establishing a professional college of family doctors, work with ministries of health to establish supportive policies for these activities, and regularly provide continuing medical education programs for general practitioners during the 3.5 years of the project. The project's ultimate goal is to establish, with the help of the local physicians and medical faculties, an effective

family medicine educational infrastructure that will continue after the project has finished.

My purpose in this article is not to discuss the project in detail but to describe the research we are planning to conduct in Bosnia and Herzegovina. For more details on the project itself, you may contact Ms Sonja Verbeek at (613) 549-4480.

Research team

During 1999, we will conduct what we have dubbed a "research mission" to Bosnia and Herzegovina. The research team for that visit will include Ms Elizabeth Bardon, the project's Research Associate; Ms Rachelle Seguin, Research Associate with the Department of Family Medicine at Queen's University; and me.

Already on site and going ahead with a lot of the preliminary set-up work before we arrive are Dr Geoffrey Hodgetts, David Packer, Project Manager, and Dr John Geddes, who is working with Dr Hodgetts on the project as a clinical educator.

Research studies

We have developed protocols for four research projects that we hope to conduct in Bosnia and Herzegovina. The overall purpose of the research is to develop a sense of the current medical and health care situation in Bosnia and Herzegovina as perceived by doctors, patients, and medical students. We need to understand the issues for two reasons: to help us in setting up the family medicine teaching units where we will be introducing a new model of primary care; and to allow us to repeat the studies in 2 years to determine whether the project has led to a change in perceptions held by students, doctors, and patients about primary care and family medicine.

Medical students' perceptions.

This survey of students of family medicine in the final 3 years of a 6-year program at the faculties of medicine in Bosnia and Herzegovina aims to measure students' attitudes toward, and perceptions of, family medicine when it is first introduced

into the undergraduate curriculum and to compare these attitudes and perceptions with those 2 years later. Specific objectives are:

- to measure attitudes toward general practice as it now exists in Bosnia and Herzegovina;
- to measure perceptions of what family medicine is and how it differs from current general practice;
- to measure attitudes toward family medicine as a potential career choice;
- to identify what primary care educational experiences students in the clinical years of study have had, and their perceptions of the value of these experiences; and
- to compare results of the first three objectives before and after introduction of family medicine into undergraduate programs.

Perceptions of general practitioners. To determine GPs' awareness of and attitudes toward the new family medicine initiatives in Bosnia and Herzegovina, we will survey GPs in Sarajevo, Tuzla, and Banja Luka, three Bosnian cities in which Queen's University's new specialization program is being developed. Objectives are to determine GPs' attitudes toward their current work; to determine level of awareness of, and attitudes toward, the family medicine specialization initiative; and to measure perceptions of what family medicine is and how it differs from current general practice. Finally, in an effort to gather contextual information about the environment in which GPs practise in Bosnia, we will ask additional questions about the health system.

Perceptions of specialists. In an effort to assess the attitudes of specialists in Bosnia toward the introduction of a family medicine training program in that country, we will survey specialists in three of the cities where the Queen's Family Medicine initiative is currently under way: Sarajevo, Banja Luka, and Tuzla. Specific goals are:

- to determine what specialists think the role of family doctors should be under the restructured health system in Bosnia and Herzegovina;
- to determine specialists' perceptions about how the introduction of family medicine in Bosnia and Herzegovina will affect their practices;
- to determine their willingness to participate in teaching family medicine residents; and
- to elicit specialists' opinions about the transfer of some medical activities currently performed by specialists in Bosnia and Herzegovina to family doctors.

Patient needs assessment. We will conduct a survey to determine perceived health care needs of patients attending general practice clinics and ambulatory care centres in the three ethnic and politically separate areas of Bosnia and Herzegovina and to assess perceived barriers to those needs. We will also assess needs using patient scores on a standardized health status scale (EuroQol). The main questions we hope to answer are the following.

- What do patients attending small free-standing clinics and larger multi-specialty ambulatory clinics in Tuzla, Sarajevo, and Mostar state as their primary health care needs?
- What do these patients see as the main barriers to meeting those needs?
- Do demographic factors affect perceived needs and barriers in the various regions?
- Which patient needs are greatest based on scores on a validated health status profile?

We hope the results of these research initiatives, in addition to helping us with the work of establishing family medicine in Bosnia and Herzegovina, will eventually be published in peer-reviewed journals.

—Kingston, Ont

Dr Godwin is Director of Research in the Department of Family Medicine at Queen's University in Kingston, Ont.

Briefing

Ovarian cancer action plan

Called the "disease that whispers" because its symptoms often escape early detection, ovarian cancer has the highest death-to-cancer ratio of any cancer. Estimates predict that more than 2500 women will be diagnosed with ovarian cancer in 1999 and that 60% will not survive past 5 years. The first Canadian Cancer Forum, to be held in Toronto May 6 to 8, 1999, hopes to create more public awareness about the disease. Leading experts will discuss prevention, early detection, treatment, and communication between patients and health care professionals.

Condemned BC ruling on pornography

Child health specialists want to overthrow a recent BC Supreme Court ruling that legalizes possession of child pornography. The Canadian Paediatric Society, the Assembly of Canadian University Paediatric Department Heads, and the Academy of Child Psychiatry all say the right of children to be free of exploitation far outweighs the right to freedom of expression or the right to privacy. They cite the United Nations' *Convention on the Rights of the Child*.

Alternative to hysterectomy now available

Microwave endometrial ablation (MEA) is an effective and less invasive option than traditional hysterectomy for treatment of excessive menstrual bleeding. An MEA treatment normally takes an average of 3 minutes, is provided on an outpatient basis, and requires little recovery time at home. The technique, which employs microwave-frequency electromagnetic radiation to heat and destroy the endometrium, can be performed using either general or local anesthetic.

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